

CAHPS[®] 3.0 Adult Commercial Questionnaire¹

¹ The Adult Commercial questionnaire contains the CAHPS[®] core items. These questions are included in every CAHPS[®] questionnaire and are applicable across all payers and health care delivery systems.

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SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → *If Yes, Go to Question 1 on Page 1*
☐ No

{This box should be placed on the Cover Page}

All information that would let someone identify you or your family will be kept private. {SPONSOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call XXX.

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1. Our records show that you are now in {health plan name}. Is that right?

¹ ☐ Yes → If Yes, Go to Question 3

² ☐ No

2. What is the name of your health plan? (please print)

3. How many months or years in a row have you been in this health plan?

¹ ☐ Less than 1 year

² ☐ At least 1 year but less than 2 years

³ ☐ At least 2 years but less than 5 years

⁴ ☐ 5 or more years

YOUR PERSONAL DOCTOR OR NURSE

The next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

4. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse?

¹ ☐ Yes

² ☐ No → If No, Go to Question 7 on Page 2

5. Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your personal doctor or nurse?

⁰ ☐ 0 Worst personal doctor or nurse possible

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5

⁶ ☐ 6

⁷ ☐ 7

⁸ ☐ 8

⁹ ☐ 9

¹⁰ ☐ 10 Best personal doctor or nurse possible

6. Did you have the same personal doctor or nurse before you joined this health plan?

¹☐ Yes → If Yes, Go to Question 8

²☐ No

7. Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

¹☐ A big problem

²☐ A small problem

³☐ Not a problem

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

8. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think you needed to see a specialist?

¹☐ Yes

²☐ No → If No, Go to Question 10

9. In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see?

¹☐ A big problem

²☐ A small problem

³☐ Not a problem

10. In the last 12 months, did you see a specialist?

¹☐ Yes

²☐ No → If No, Go to Question 13 on page 3

11. We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10 where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

- ⁰☐ 0 Worst specialist possible
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best specialist possible

12. In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?

- ¹☐ Yes
²☐ No

YOUR HEALTH CARE IN THE LAST 12 MONTHS

13. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- ¹☐ Yes
²☐ No → If No, Go to Question 15

14. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?

- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

15. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- ¹☐ Yes
²☐ No → If No, Go to Question 17 on page 4

16. In the last 12 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?

- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

17. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 12 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?

¹ ☐ Yes

² ☐ No → If No, Go to Question 19

18. In the last 12 months, not counting times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

19. In the last 12 months, how many times did you go to an emergency room to get care for yourself?

⁰ ☐ None

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5 to 9

⁶ ☐ 10 or more

20. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

⁰ ☐ None → If None, Go to Question 33 on page 6

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5 to 9

⁶ ☐ 10 or more

21. In the last 12 months, did you or a doctor believe you needed any care, tests, or treatment?

¹ ☐ Yes

² ☐ No → If No, Go to Question 23

22. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

23. In the last 12 months, did you need approval from your health plan for any care, tests, or treatment?

¹ ☐ Yes

² ☐ No → If No, Go to Question 25 on page 5

24. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- ¹ ☐ A big problem
² ☐ A small problem
³ ☐ Not a problem

25. In the last 12 months, how often were you taken to the exam room within 15 minutes of your appointment?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

26. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

27. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

28. In the last 12 months, how often did doctors or other health providers listen carefully to you?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

29. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

30. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

31. In the last 12 months, how often did doctors or other health providers spend enough time with you?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

32. Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

- ⁰ ☐ 0 Worst health care possible
¹ ☐ 1
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5
⁶ ☐ 6
⁷ ☐ 7
⁸ ☐ 8
⁹ ☐ 9
¹⁰ ☐ 10 Best health care possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

33. In the last 12 months, did you look for any information about how your health plan works in written material or on the Internet?

¹ ☐ Yes

² ☐ No → If No, Go to Question 35

34. In the last 12 months, how much of a problem, if any, was it to find or understand this information?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

35. In the last 12 months, did you call your health plan's customer service to get information or help?

¹ ☐ Yes

² ☐ No → If No, Go to Question 37 on page 7

36. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

37. In the last 12 months, did you have to fill out any paperwork for your health plan?

¹ ☐ Yes

² ☐ No → If No, Go to Question 39

38. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

39. Using any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

⁰ ☐ 0 Worst health plan possible

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5

⁶ ☐ 6

⁷ ☐ 7

⁸ ☐ 8

⁹ ☐ 9

¹⁰ ☐ 10 Best health plan possible

ABOUT YOU

40. In general, how would you rate your overall health now?

¹ ☐ Excellent

² ☐ Very good

³ ☐ Good

⁴ ☐ Fair

⁵ ☐ Poor

41. What is your age now?

¹ ☐ 18 to 24

² ☐ 25 to 34

³ ☐ 35 to 44

⁴ ☐ 45 to 54

⁵ ☐ 55 to 64

⁶ ☐ 65 to 74

⁷ ☐ 75 or older

42. Are you male or female?

¹ ☐ Male

² ☐ Female

43. What is the highest grade or level of school that you have completed?

¹ ☐ 8th grade or less

² ☐ Some high school, but did not graduate

³ ☐ High school graduate or GED

⁴ ☐ Some college or 2-year degree

⁵ ☐ 4-year college graduate

⁶ ☐ More than 4-year college degree

44. Are you of Hispanic or Latino origin or descent?

¹ ☐ Yes, Hispanic or Latino

² ☐ No, not Hispanic or Latino

45. What is your race? Please mark one or more.

¹ ☐ White

² ☐ Black or African-American

³ ☐ Asian

⁴ ☐ Native Hawaiian or other Pacific Islander

⁵ ☐ American Indian or Alaska Native

⁶ ☐ Other

46. Did someone help you complete this survey?

¹ ☐ Yes → **If Yes, Go to Question 47**

² ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

47. How did that person help you? Check all that apply.

¹ ☐ Read the questions to me

² ☐ Wrote down the answers I gave

³ ☐ Answered the questions for me

⁴ ☐ Translated the questions into my language

⁵ ☐ Helped in some other way
(Please print)

THANK YOU

Please return the completed survey in the postage-paid envelope.